

EXHIBIT F

000787

COMMISSION

402 W. CONGRESS
PHOENIX, ARIZONA 85007
TUCSON, AZ 85701

PHOENIX, ARIZONA 85007
TUCSON, AZ 85701

ANNUAL REPORT & CERTIFICATE OF DISCLOSURE

(Pursuant to ARS 10-126, 10-1081, 10-128 and 10-1084)

DIRECTIONS: ANSWER ALL QUESTIONS IN EACH SECTION OF THIS ANNUAL REPORT AND RETURN WITH YOUR FEE TO THE ARIZONA CORPORATION COMMISSION

A. CORPORATION INFORMATION

FILE NO. 000787
CORPORATION NAME ISLAMIC CENTER, TUCSON
Street Address 1627 E 1ST ST
BOX 40271
P.O. Box M-40271
City, State & Code TUCSON AZ 85717

TYPE OF CORPORATION NON PROFIT
FEE 10
PENALTY _____
TOTAL _____

Name of Arizona Statutory Agent MOHAMMAD, ISSA SATTI
3601 N COLUMBUS BLVD
Street Address (NOT P.O. BOX) PO BOX 40271
City, State, Zip Code TUCSON AZ 85712

**ANNUAL REPORT
FOR YEAR ENDING**

12	31	83
MO	DAY	YR

**DO NOT FILE UNTIL
DUE ON OR BEFORE**

04	15	84
MO	DAY	YR

B. CHANGES IN INFORMATION: If there has been a change in any of the preprinted information above, please list below.

Dr. M. SHAFIQULLAH
DEPT. OF GEOSCIENCES
UNIVERSITY OF ARIZONA
TUCSON AZ 85721

C. BRIEF STATEMENT OF THE CHARACTER OF BUSINESS IN WHICH THE CORPORATION IS ACTUALLY ENGAGED IN ARIZONA

RELIGIOUS FUNCTIONS AND ACTIVITIES

D. CAPITALIZATION: (Per Articles of Incorporation): *NOT REQUIRED FOR NON-PROFIT CORPORATIONS.

NUMBER AUTHORIZED	CLASS	SERIES	PAR VALUE
1000000	1000000	1000000	1000000
NUMBER ISSUED	CLASS	SERIES	PAR VALUE
1000000	1000000	1000000	1000000

E. SHAREHOLDER DIRECTIONS: Fill in names of shareholders of record holding more than 20% of any class of stock issued by the corporation, including persons beneficially holding such shares through nominees. If additional space is needed, attach a separate sheet (if none, attach a blank sheet).

10/10/1984

Shareholder Name	Shareholder Name
Shareholder Name	Shareholder Name
Shareholder Name	Shareholder Name

DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILED

100048 (REV. 11-82)

NOTE: Mail 0 3 0 0 9 0 0 0 8

to that appointment. 082871-0

I, (individual) and/or We (corporation), having been appointed to act as Statutory Agent, hereby consent to act in that capacity until removal or resignation is submitted in accordance with the Arizona Revised Statutes.

M. Shafiqullah
STATUTORY AGENT

FOREIGN CORPORATIONS: If not included on page 1, please submit address of place of business in Arizona, if applicable.

**NOTE: ALL CORPORATIONS MUST LIST THEIR OFFICERS AND DIRECTORS –
ATTACH ADDITIONAL SHEETS IF NECESSARY.**

DATES TAKING OFFICE MUST BE INCLUDED.

F. OFFICERS

President
Name Wael, Jelaidan
Street Address 3872 N Pasatiempo
P.O. Box _____
City, State, Zip Code TUCSON, AZ
Date of taking this office MO 3 DAY 12 YR 84

Vice-President
Name Gajam, Soliman
Street Address 3401 N Columbus
P.O. Box _____
City, State, Zip Code TUCSON, AZ 85712
Date of taking this office MO 3 DAY 12 YR 84

Secretary
Name M. SHAFIQLAH, M
Street Address 1421 E Elm St
P.O. Box _____
City, State, Zip Code TUCSON, AZ 85719
Date of taking this office MO 3 DAY 12 YR 84

Treasurer
Name Mrs. RAIMATULLAH
Street Address 2757 W Silby Rd
P.O. Box _____
City, State, Zip Code TUCSON, AZ
Date of taking this office MO 3 DAY 12 YR 84

Other Executive Officer (Name)
Name ABDULLA ISmail
Street Address _____
P.O. Box 20792
City, State, Zip Code TUCSON, AZ 85721
Date of taking this office MO 3 DAY 12 YR 84

G. DIRECTORS

Director
Name Same as President
Street Address _____
P.O. Box _____
City, State, Zip Code _____
Date of taking this office MO DAY YR

Director
Name Same as Vice President
Street Address _____
P.O. Box _____
City, State, Zip Code _____
Date of taking this office MO DAY YR

Director
Name Same as Secretary
Street Address _____
P.O. Box _____
City, State, Zip Code _____
Date of taking this office MO DAY YR

Director
Name Same as Treasurer
Street Address _____
P.O. Box _____
City, State, Zip Code _____
Date of taking this office MO DAY YR

Director
Name _____
Street Address _____
P.O. Box _____
City, State, Zip Code _____
Date of taking this office MO DAY YR

1034090045 **GENERAL CONDITION** 082891
 THIS FORM IS FOR THE USE OF AN ASSOCIATION IF NO BUSINESS WAS CONDUCTED THIS FISCAL YEAR.
 THE STATE OF ARIZONA OF THIS FORM YOU MAY SUBSTITUTE AN EXACT COPY OF THE FINANCIAL
 REPORT TO SHAREHOLDERS AS PROVIDED IN A.R.S. §10-127. A COPY OF SCHEDULE L, FILED WITH
 THE INTERNAL REVENUE SERVICE, OR A COPY OF SCHEDULE L, FORM 120 FILED WITH THE ARIZONA
 DEPARTMENT OF REVENUE FOR THE PURPOSES OF TAXATION OF INCOME PURSUANT TO TITLE 43,
 ARIZONA REVISED STATUTES.

<u>ASSETS</u>	<u>AMOUNT</u>	<u>TOTAL</u>
Cash	0	31257
Trade notes and accounts receivable	0	0
(a) Less allowance for bad debts	0	0
Inventories	0	0
Govt obligations (a) U.S. and instrumentalities	0	0
(b) State, subdivisions thereof, etc	0	0
Other current assets	0	0
Loans to shareholders	0	0
Mortgage and Real Estate loans	0	0
Other investments	0	0
Buildings and other fixed depreciable assets	25458	25458
(a) Less accumulated depreciation	0	0
Depletable assets	0	0
(a) Less accumulated depletion	0	0
Land (net of any amortization)	0	0
Intangible assets (amortizable only)	0	0
(a) Less accumulated amortization	0	0
Other assets		
Total assets		56715
LIABILITIES AND CAPITAL		
Accounts payable	0	0
Mtg., notes, bonds payable in less than 1 yr	0	0
Other current liabilities	0	0
Loans from shareholders	0	0
Mtg., notes, bonds payable in 1 yr. or more	0	0
Other liabilities	0	0
Total Liabilities		0
Capital stock	0	0
(a) Preferred stock	0	0
(b) Common stock	0	0
Paid-in or capital surplus	0	0
Retained earnings - Appropriated	0	0
Retained earnings - Unappropriated	0	0
Less cost of treasury stock	0	0
Total Capital		0
Total Liabilities and Capital		0

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03090008

MIC CENTER OF TUCSON
EXACT CORPORATE NAME

THE UNDERSIGNED CERTIFY THAT:

A. No person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling, or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation, within the seven year period immediately preceding the execution of this certificate

1. Have been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate
2. Have been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses, or restraining of trade or conspiracy in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate
3. Have been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding the execution of this certificate where such injunction, judgment, decree or permanent order

- (a) Involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) Involved the violation of the consumer fraud laws of that jurisdiction, or
- (c) Involved the violation of the antitrust or restraint laws of trade laws of that jurisdiction

B. For any person or persons who have been or are subject to one or more of the statements in Items A. 1 through A. 3 above the following information "MUST" be attached

1. Full name and place names used
2. Full birth name
3. Present home address
4. Prior addresses (for immediate preceding 7 year period)
5. Date and location of birth
6. Social Security number
7. The nature and description of each conviction or judicial action, the date and location, the court and public agency involved, and the file or cause number of the case

J. ALL CORPORATE TAX RETURNS REQUIRED BY TITLE 43 HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE

Under penalties of perjury, I declare that I have examined this report and the certificate, including any attachments, and to the best of my knowledge and belief it is true, correct and complete. (NON PROFIT CORPORATIONS MUST HAVE THIS REPORT NOTARIZED (A.R.S. 10-1081).

W. Shafiqullah
M. Shafiqullah DATE April 8
TITLE Secretary

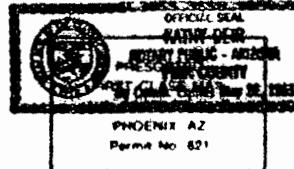
Wael Jelaidan (President)
S. Jelaidan DATE 4.8.84
TITLE Tresurer

REMINDER: FORM MUST BE SIGNED, ALL FEES INCLUDED AND THE FINANCIAL STATEMENT COMPLETED.

STATE OF ARIZONA This instrument was acknowledged before me this 30th day of April, 1984
COUNTY OF PIMA) by M. Shafiqullah, Secretary and Wael Jelaidan, President, of
ISLAMIC CENTER, TUCSON

P. J. Atchison

ARIZONA CORPORATION COMMISSION
1200 W. WASHINGTON
PHOENIX, ARIZONA 85007


OFFICIAL SEAL
KATHY DEIR
DEPARTMENT OF STATE
ARIZONA CORPORATION
COMMISSION
NOTARY PUBLIC - ARIZONA
NOTARIAL PAPER
NOTARIAL STAMP
NOTARIAL SEAL
NOTARIAL SIGNATURE
PHOENIX AZ
Permit No. 621

ISLAMIC CENTER, TUCSON
1627 E. 1ST ST
BOX 48271
TUCSON AZ 85717

1 4 2 0 1 4 MAIL OR DUE TO

ARIZONA CORPORATION COMMISSION

P.O. BOX 5019
PHOENIX, AZ 850061200 WEST WASHINGTON
PHOENIX, ARIZONA 85007KPC
402 W. CONGRESS
TUCSON, AZ 85701

ANNUAL REPORT & CERTIFICATE OF DISCLOSURE

(Permit to ABS 10-125, 10-1061, 10-128 and 10-1084)

DIRECTIONS: ANSWER ALL QUESTIONS IN EACH SECTION OF THIS ANNUAL REPORT AND RETURN WITH YOUR FEE
TO THE ARIZONA CORPORATION COMMISSION.

A. CORPORATION INFORMATION

FILE NO. -382871-0

Corporation Name ISLAMIC CENTER, TUCSON
Street Address 7 DR N SHAFTQULLAH
P.O. Box (if any) DEPT OF GEOSCIENCES
City, State, Zip Code UNIVERSITY OF ARIZONA TUCSON AZ 85721X
TYPE OF CORPORATION NON PROFIT
FEE \$0
PENALTY _____
TOTAL _____Name of Arizona Statutory Agent: DR. N. SHAFTQULLAH
Street Address (NOT P.O. BOX) DEPT OF GEOSCIENCES

UNIVERSITY OF ARIZONA

City, State, Zip Code TUCSON AZ 85721

ANNUAL REPORT
FOR YEAR ENDED12 31 84
MO DAY YR

DUE ON OR BEFORE

04 15 85
MO DAY YR12/83
000974

B. SPECIAL INSTRUCTIONS: If there has been a change in any of the preprinted information above, please list below.

C. BRIEF STATEMENT OF THE CHARACTER OF BUSINESS IN WHICH THE CORPORATION IS ACTUALLY ENGAGED
ARIZONA

Religious functions and activities

D. CAPITALIZATION: (Per Articles of Incorporation): *NOT REQUIRED FOR NON PROFIT CORPORATIONS.

NUMBER AUTHORIZED	CLASS	PAR VALUE
1000000	100	\$1.00
NUMBER ISSUED	CLASS	PAR VALUE
1000000	100	\$1.00

E. SHAREHOLDERS DIRECTIONS: Fill in names of shareholders of record holding more than 5% of any class of shares issued by the corporation, including persons beneficially holding such shares through nominees. If additional space is needed, attach a separate sheet. (If none, so state.)

Shareholder Name _____

Shareholder Name _____

Shareholder Name _____

Shareholder Name _____

082871-0

DOL: Please indicate the statutory agent, the new agent must consent to this appointment.

I, (individual and/or the corporation), having been appointed to act as Statutory Agent, hereby consent to act in this capacity until removal or resignation is submitted in accordance with the Arizona Revised Statutes.

STATUTORY AGENT

FOREIGN CORPORATIONS: If not included on page 1, please submit address of place of business in Arizona, if applicable.

NOTE: ALL CORPORATIONS MUST LIST THEIR OFFICERS AND DIRECTORS -
ATTACH ADDITIONAL SHEETS IF NECESSARY.

DATES TAKING OFFICE MUST BE INCLUDED.

Name

Ward Island Co.

Address 1401 N. Wilmar

P.O. Box #1093

City Tucson AZ 85711

Date taking this office MO 3 DAY 12 YR 84

Sullivan Gajon

Address 3401 N. Columbus

P.O. Box

City Tucson, AZ 85711

Date taking this office MO 3 DAY 12 YR 84

Mr. Shafiqullah

Address 1421 E. Elm

P.O. Box

City Tucson AZ 85719

Date taking this office MO 3 DAY 12 YR 84

Mr. Ramzanullah

Address 1421 E. Elm

P.O. Box

City Tucson AZ 85719

Date taking this office MO 3 DAY 12 YR 84

Mr. Shafiqullah

Address 1421 E. Elm

P.O. Box

City Tucson AZ 85719

Date taking this office MO 3 DAY 12 YR 84

DOL DIRECTOR

Name

Same as president

Street Address

P.O. Box

City, State, Zip Code

Date of taking this office MO ____ DAY ____ YR ____

Director

Name Same as V.P.

Street Address

P.O. Box

City, State, Zip Code

Date of taking this office MO ____ DAY ____ YR ____

Director

Name Same as Secretary

Street Address

P.O. Box

City, State, Zip Code

Date of taking this office MO ____ DAY ____ YR ____

Director

Name Same as Treasurer

Street Address

P.O. Box

City, State, Zip Code

Date of taking this office MO ____ DAY ____ YR ____

Director

Name

Street Address

P.O. Box

City, State, Zip Code

Date of taking this office MO ____ DAY ____ YR ____

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082871-0

**H. STATEMENT OF FINANCIAL CONDITION
BALANCE SHEET**

THE FOLLOWING FORM MUST BE COMPLETED IF NO BUSINESS WAS CONDUCTED THIS FISCAL YEAR, THEN SO STATE IN PLACE OF THIS FORM. YOU MAY SUBSTITUTE AN EXACT COPY OF THE FINANCIAL REPORT TO SHAREHOLDERS AS PROVIDED IN AIR 8-10-137, COPY OF SCHEDULE L, FILED WITH THE INTERNAL REVENUE SERVICE OR A COPY OF SCHEDULE L, FORM 120, FILED WITH THE ARIZONA DEPARTMENT OF REVENUE FOR THE PURPOSES OF TAXATION OF INCOME PURSUANT TO TITLE 14, ARIZONA REVISED STATUTES.

ASSETS**AMOUNT****TOTAL**

Cash		20,841
Trade notes and accounts receivable		
(a) Less allowance for bad debts		
Inventories		
Contingent obligations... See U.S. and Instrumentalities		
(b) State, subdivisions thereof, etc.		
Other current assets		
Loans to shareholders		
Mortgage and Real Estate loans		
Other investments		
Buildings and other fixed depreciable assets	254,581	
(a) Less accumulated depreciation		
Depletable assets		
(a) Less accumulated depletion		
Land (net of any amortization)		23,000
Intangible assets (amortizable only)		
(a) Less accumulated amortization		
Other assets		
	Total assets	637,205

LIABILITIES AND CAPITAL

Accounts payable		
Mfgs., notes, bonds payable in less than 1 yr		
Other current liabilities		
Loans from shareholders		
Mfgs., notes, bonds payable in 1 yr. or more		
Other liabilities		
	Total Liabilities	
Capital stock	(a) Preferred stock	21,136.1
	(b) Common stock	
Paid-in or capital surplus		
Retained earnings - Appropriated	1532.1	
Retained earnings - Unappropriated		
Less cost of treasury stock		
	Total Capital	
	Total Liabilities and Capital	

